PRINTED: 06/18/2010 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	LTIPLE CONSTRUCTION DING	(X3) DATE S	(X3) DATE SURVEY COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER EW 02		s	TREET ADDRESS, CITY, STATE, ZIP 74 W ST, NW WASHINGTON, DC 20015		0/2010	
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(W 000)	INITIAL COMMENT	rs	{W 000		<i>)</i>		
W 102}	compliance with del licensure survey of the current governir court to manage this effective 5/14/10. The follow-up visit resome progress made court action. However, the determination of Participal Conditions of Participal Client Protections are evidenced in the reputational facility must ensure the facility must ensure the facility must ensure the conditions of the reputation of the repu	was conducted on 6/9/10 - at the facility had come into ficiencies identified in the 5/3/10. It should be noted that ag body was appointed by a s facility "in receivership," he new management Correction dated 6/7/10. evealed that there had been le in the three weeks since the first through observation, and residents and review of nation was made that the in compliance with the pation of Governing Body, and Health Care Services, as out that follows. If BODY AND ure that specific governing ant requirements are met.		GOVERNMENT OF THE DISTR DEPARTMENT OF H HEALTH REGULATION AD 825 NORTH CAPITOL ST., N WASHINGTON, D.C	IÈT OF COLUMBIA IEALTH MINISTRATION I.E., 2ND FLOOR		
g V T tt	dased on observation eview, the governing leneral operating dire V104] The results of these shat the facility's gove dequately govern the	e facility in a manner to		See W104 See W122 See W318			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	IULT	IPLE CONSTRUCTION	(X3) DATE SURVEY	
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(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	, _	٧	WASHINGTON, DC 20015		
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(W 104)	483.410(a)(1) GOV	ERNING BODY	{W 10	04}	1 The administration of Manual II		
	The governing body must exercise general policy budget, and operating direction over the facility.				1. The administration at MarJul Homes recog		74545
				ļ	the necessity of an incident management syst		7/15/10 and
					reporting procedures. All staff have been train		6/25/10
			İ	l	the implementation of the incident management	ent	
	This STANDARD is	not met as evidenced by:			system and reporting policies.		
	review, the governing	on, interview and record g body failed to maintain			(see attached training schedule)		
	general operating di	rection over the facility as		ĺ	(see attached sign in sheet)		
	evidenced by the de this report and the fo	ficiencies cited throughout			2. The administration at MarJul Homes recog		7/45/40
	uns report and the ro	Sulwork:			the necessity for nursing services and preven		7/15/10 and
	The findings include	·			health services. After an assessment of curre nursing services, the following have been ins		6/25/10
	1. The governing boo	du failad ta annus			to ensure quality preventative health services		
	implementation of th	e incident management		- 1	nursing services.	•	
	system and reporting	policies. [See W149, W153		1	-A new RN consultant		
	and W189.2]				-Review of all individuals medical records -Assess of all indivudals health status		
	2. The governing boo	dy failed to ensure the			Implementation of Health Maintenance Care	Diana	
	provision of preventive	ve health services and			(HCMP), with staff training	I lails	
	needs. [See W322 a	ccordance with clients'			ū		7/9/10
		_		- 1	3. All staff have been trained on safe water		
	3. The governing boo	dy failed to ensure that staff			temperature practices. (see attached staff mo	emo and	
	exceed 110 degrees and W426]	water temperatures (not to Fahrenheit). [See W189.3			training schedule)		
{W 122}	483.420 CLIENT PR	OTECTIONS	{W 12	2}			
,	The facility must ensu protections requirement	ure that specific client ents are met.		ľ	All staff will receive training on Human Rigi and Neglect Training by July 21st. All staff has been trained on the implementat		7/21/10
					incident management system and reporting p	olicies.	
	Based on observation	not met as evidenced by: n, interview and record led to Implement policies			(see attached training schedule) (see attached sign in sheet)		

STATEMEI AND PLAN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE 74 W ST, NW WASHINGTON, DC 20015	06	10/2010
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{W 122}	and procedures that safety [See W149]; incident of physical reported [See W153]. The effects of these in the failure of the fansure their health at 483.420(d)(1) STAF CLIENTS. The facility must develop olicies and procedum is treatment, neglect this STANDARD is Based on interview afailed to establish an	t ensured clients' health and and, failed to ensure that an abuse (peer-on-peer) was ideas and systemic practices resulted acility to protect its clients and and safety. F TREATMENT OF relop and implement written are that prohibit at or abuse of the client. Inot met as evidenced by: and record review, the facility dor implement policies to disafety of one of the four	ealth and re that an er) was s resulted clients and F		tation of	7/15/10 and 6/25/10
	of abuse were report administrator and/or in Health Regulation and (HRLA) timely, in accregulations and state [Cross-refer to W153] #4's behavior data restaff documented a biological body and the facile that the facile administration of the property of the facile administration of the facile administratio	the Department of Health, d Licensing Administration ordance with federal law, as follows: On 6/9/10, review of Client realed that direct support chavioral incident on on #4 hit Client #3 in the	•	2. The administration at MarJul Homes rethe importance of safe medication practices medical follow up. A policy regarding the of PRN medications has been developed. A nursing staff have been trained on this policy addition, all staff have received training or protocol for Bowel Movement documental monitoring. (see attached sign in sheets)	es and safe use All icy. In	7/15/10 and 6/25/10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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6/9, menthal train system of the system of t	ntal retardation part the facility had raining for staff on the facility had raining for staff on the factourt on 5/14/10 p.m., interview firmed that there dent management, review of the factour (IMS) Policy ealed that abuse widual was prohibited fined to include by the factour of the facto	ately 3:15 p.m., the qualified rofessional (QMRP) stated not provided in-service heir incident management ovider agency was appointed to to manage the facility. At with two direct support staff had been no training on at or abuse/neglect. At 4:46 acility's Incident Management and Procedures (not dated) of an individual by another sited and "physical abuse" le "intentionally or willfully hittingpunching, or handling an individual." If and record review, the op and implement policies of PRN medications, and ffectivess, as follows: The monitoring survey (10 to 5/3/10 revealed Client towel obstruction and multiple it) visits due to constipation. If survey, on 4/30/10, Client R after complaining of iew of the client's bowel rad been documented on the instructions or medications (constulose or M) to be administered PRN orders, however, did not nister one or the other ere no other instructions or further clarify. On 5/3/10, at isory Registered Nurse (RN)	{W 1	49}	6. The administration at MarJul Home recognizes the importance of safe med practices and medical follow up. A pol regarding the safe use of PRN medicat been developed. All nursing staff have trained on this policy. In addition, all s received training on the protocol for Bomovement documentation and monitor (see attached sign in sheets)	ication licy lions has been taff have	7/15/10 and 6/25/10	

DEPAR	TMENT OF HEALTH	AND HUMAN SERVICES			PRINTE	ED: 06/18/2010
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	confirmed that Clier instructions or a pro receive the PRN me practice was cited in dated 5/3/10. The follow-up survey that Client #3 was ta 5/27/10 and was dia fecal impaction. Follow-up survey that Client #3 was ta 5/27/10 and was dia fecal impaction. Follow-up survey that Client #3 was ta 5/27/10 and was dia fecal impaction. Follow-up was a 5-day gains BM chart. He reas of 6/10/10, the faa written protocol or when to administer (for constipation). This is a repeat deficit. Previously, the federal follow-up was not incidents (allegations incidents (allegations).	at #3's record failed to include a stocol on when he was to edications. This deficient in the federal deficiency report of the federal deficiency and lowing his return from the ER, ap between stools indicated in ceived MOM on the 5th day. Chity still had not established obtained orders that clarified chient #3's PRN medication cliency. The federal deficiency report dated following: The federal deficiency of significant to ensure the Department of cordance with federal	{W 1			
1	Cross-refer to W153 ncident and investiga 5/3/10, revealed evide abuse, and one injury documented to have 2/10. Continued revie eports failed to show	Review of the facility's ation reports on 4/30/10 and ence of three incidents of of unknown origin that were occurred between 9/09 and ew of the facility's incident				

aforementioned incidents timely.

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	Interviews with the requalified mental retains were conducted on p.m., respectively, who witnessed, discontinuously document incident report form. The RN and the QM have been notified or injuries of unknown by written notification. Review of the facility policy (IMP) on 5/3/1 p.m., revealed that in into both reportable incidents. Allegation injuries of unknown serious reportable in	resident manager (RM) and ardation professional (QMRP) 5/3/10, at 4:00 p.m., and 7:20. They both indicated that staff covered or were informed of incidents should have ented the incidents on an before the end of the shift. IRP stated that DOH should of all allegations of abuse and origin immediately, followed	(W 1	49}			
	the case manager, E or guardian for all se Incident report forms serious reportable in report was to be forwhours. Review of the however, revealed the consistently notified fas required. [Paragraphs 2., 3., 4. deficiency report wer 6/10/10 deficiency re	OOH, and the client's parent rious reportable incidents. were to be completed on "all cidents" and the incident varded to the DOH within 24 a facility's incident report, at the facility had not the State agency of incidents, and 5. of the 5/3/10 e deleted for brevity in port) 322] The facility failed to mplementation of its policy					

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WESTVI	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE 74 W ST, NW WASHINGTON, DC 200	E, ZIP CODE	Jul 10/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	((EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE TO THE APPROPRIAT CHENCY)	(X5) COMPLETION DATE	
{W 149}	Continued From pa	ge 6	{W 14	19}			
	The review of Client facility's medical set effectiveness of a preview of the facility policy, section IV(a) 1/08) on 5/3/10, at 1 medications shall be interview with the nureview on 4/30/10 a effectiveness of me constipation, (Const ml by mouth daily), a Magnesia, 1 ounce evening) had not be physician. 483.420(d)(2) STAF CLIENTS The facility must ensmistreatment, neglecting in accordance injuries of unknown immediately to the a officials in accordance established procedu. This STANDARD is Based on interview a including incident representation and administrator and/or Health Regulation ar	t #3's record revealed that the rvices failed to monitor the rescribed medication. The 's Medication Management, Medication Monitoring (dated 1:07 a.m. revealed, "All emonitored by a physician." ursing staff and the record nd 5/3/10 revealed that the dications prescribed for tulose 10 gm/15 ml syrup, 30 as needed and Milk of by mouth as needed in the en closely monitored by the FTREATMENT OF sure that all allegations of ct or abuse, as well as source, are reported dministrator or to other ce with State law through res. Inot met as evidenced by: and review of client records, borts and investigations, the re that all allegations of I immediately to the the Department of Health, and Licensing Administration are of the four clients in the	(W 15		nagement system and	! W	
	This midning moludes.						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI	ULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER EW 02			STREET ADDRESS, CITY, STATE 74 'W' ST, NW WASHINGTON, DC 2001			<u> </u>
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	behavior Anteceder (ABC) data sheets (ABC) data sheets (A:30 p.m., a direct sheet and sheets (A:30 p.m., a direct sheet	a.m., review of Client #4's at Behavior Consequence revealed that on 5/25/10, at support staff person wrote: down talk about food and #3> in the head and lip." and happy face and smiley sic>. She said she's sorry to s Daily Progress Notes me staff had documented "displayed behaviors" and incidents. sponding incident report in the y review of incident reports y incidents of physical abuse. The facility at p.m. She stated there had nyone being hit in the head or assigned as QMRP on a to witness a client hit would be abuse." She further y's policies require staff to and the QMRP would plete an incident report. If at 4:46 p.m., review of the hagement System (IMS) as (not dated) confirmed stated earlier. The IMS was individuals from harm curate notification of nilies and agency officials	{W 1	53}			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ULTIPLE CON LDING	ISTRUCTION		(X3) DATE SURVEY COMPLETED		
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	investigation of inci- by another individua abuse" was defined willfully grabbing otherwise wrongfull On 6/9/10, beginnin Daily Log Book (in vactivities throughou following entry date #4> hit < Client #3> we < Client #4> are all r #3> mouth open, ye p.m., the direct supp on the Daily Log Boo asked if any client h same staff was inter 3:47 p.m., at which that hit Client #3 in the described that after #3 started biting his crying and continued There was no evider administrator and HI 5/25/10 incident. The incident report, in act It should be noted the was appointed by a confictive of the provided that the presence of the presence of the provided that provided amployed by the presence of the provided approximately 3:15 p they had not provided	ention, detection, reporting and dents." Abuse of an individual al was prohibited and "physical to include "intentionally or slapping, hittingpunching, or y handling an individual." g at 2:16 p.m., review of the which staff documented their their shift), revealed the d 5/25/10, 4:30 p.m.: " <client <sic="" behavior="" ent="" he's="" her="" into="" she="" went=""> behavior but ight, and she busted <client "no"="" #4="" 10,="" 3:55="" 6="" 9="" a="" acting="" ad="" again="" at="" been="" by="" client="" confirmed="" d="" day="" entry="" fell="" floor="" further="" hand,="" he="" head,="" head.="" hit="" in="" initials="" next="" ok="" ok."="" on="" out.<="" own="" peer.="" port="" replied="" she's="" staff="" td="" the="" time="" to="" viewed="" was="" were="" when="" whose=""><td>{W 1:</td><td>53}</td><td></td><td></td><td></td></client></client>	{W 1:	53}				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED		BURVEY ETED
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{W 153}	5/14/10. At 4:05 p. support staff confirr training on incident abuse/neglect. This is a repeat define the previously, the fede 5/3/10, included the 1. An incident report dated 2/8/10, reveal to staff that his neckwas no documented	m., interview with two direct med that there had been no management or iciency. Iciency. Iral deficiency report dated following: It (injury of unknown origin) led that Client #1 complained to was bothering him There is evidence, however, that the	{W 1	53}				
	#1's injury of unknown. 2. An incident report corresponding invested to the corresponding invested to the corresponding invested to the corresponding invested to the corresponding investallegation of verbal/p	atigation report dated an allegation of sexual abuse. In staff that another staff had his pants Interview with the anagement Coordinator to the administrator was not of the allegation of sexual stater. It dated 9/26/09, and tigation report, revealed an only sical abuse. Client #2						
' (i	"counselor" told him off the vanIntervie at approximately 7:3	or soffice and stated that a to shut up "and pushed him with the QMRP on 4/30/10, 0 p.m., acknowledged that is not notified immediately of se.						

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIPLE CONSTRUCTION	(X3) DATE COMPI	
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NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF 74 'W' ST, NW WASHINGTON, DC 20015		10/2010
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	4. An incident report corresponding invest 10/13/09, revealed While in court, Clier speak. The judge at client stated "staff were view of the incider administrator was in 483.430(a) QUALIFRETARDATION PRETARDATION	rt dated 10/2/09, and stigation report dated an allegation of verbal abuse. In #2 kept raising his hand to allowed him to speak, and the ras hollering at him." Further not report revealed that the ot informed of this allegation. IED MENTAL COFESSIONAL. Iteratment program must be ted and monitored by a redation professional. In not met as evidenced by: on, staff interview, and record illed to ensure the qualified rofessional (QMRP) ted, and monitored services, ents residing in the facility. If and #5) Item QMRP failed to elived training on the facility's not policies, and abuse, rights. Item QMRP failed to elived training on the facility's not policies, and abuse, rights.	{W 18		eve been developed for ined on the new operature and W149 acted by a nutritionist ched sign in sheet and excompleted and new cod in the home.	7/9/10 7/9/10 6/14/10

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII	ULTIPLE CONSTR	UCTION	(X3) DATE :	SURVEY ETED
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(W 159)	Continued From pa Fahrenheit).	ge 11	{W 1	59}			
	coordinate services	/460.1] The QMRP failed to to ensure menus were ary to provide Client #3 high cribed.					
	nutritional assessm	I to ensure Client #3's ent was provided timely for the ecommended interventions, :					
	with the DCS reveal chopped to bite size in that texture. The shave not received a concerning his diet, the way we did befolie we are still giving pevening and offer himoted that on 5/19/1	dimately 5:10 p.m., interview led, that Client #3's food is because he tolerates it best staff further indicated, "We ny specific instruction so we are preparing the food re the management changed, rune juice in the morning and m a lot of water." It should be 0, the PCP prescribed the public portions, High Fiber 1 cup twice daily "					
	Interview with the Q revealed that she we to obtain the comple should be available QMRP on 6/10/10, a	MRP on 6/9/10, at 12:30 p.m., buld telephone the nutritionist ete evaluation, and that it on 6/10/10. Interview with the at 4:00 p.m. revealed, that nutrition evaluation had not					
	a nutrition note date #3 had been visited The nutritionist noted status appears stable	/9/10, at 1:25 p.m., revealed d 6/2/10, which stated Client by the nutritionist on 6/2/10. d "At this time, his nutritional e. The current diet of ure is synonymous to a	. `				

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		09G193	B. WIN	<u> </u>			0/2010
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{W 159}	ground diet diet on provider. [Client] sl A full nutritional ass At the time of the sinutritional assessm communicated to the PCP to ensure that	the menus" used by the nould receive a ground texture. sessment will follow. "	{W 1	59}			
	evidence that the Q nutritionist's recomma speech-language Citation W460 in the dated 5/3/10, includ the <nutritionist's "has="" 'having="" (speech="" 10,="" 10.="" 14="" 3="" 4="" 5="" 6="" 9="" a="" able="" and="" approximate="" assessmentall="" at="" been="" began="" cappointments.="" come.="" come.<="" consistency.="" difficulty="" director="" had="" i="" indicated="" individi="" latime="" long="" me="" not="" of="" on="" planned="" qmrp="" reversince="" sched="" ser="" she="" slp="" speech="" survey,="" swa="" th="" the="" time="" to="" tolerate="" very="" was="" we're=""><th>ual holds food in mouth, takes allowing. Individual will be echanical soft diet. Will notify nguage) for screening.' At the nowever, the SLP screening uled." kimately 3:15 p.m., interview aled that she had not ch-language therapist (SLP) rying as the QMRP on ted that the facility's executive call the SLP to schedule further indicated that the SLP e going to get everyone an hem are outdated."</th><th></th><th></th><th></th><th></th><th></th></nutritionist's>	ual holds food in mouth, takes allowing. Individual will be echanical soft diet. Will notify nguage) for screening.' At the nowever, the SLP screening uled." kimately 3:15 p.m., interview aled that she had not ch-language therapist (SLP) rying as the QMRP on ted that the facility's executive call the SLP to schedule further indicated that the SLP e going to get everyone an hem are outdated."					
	On 6/9/10, at approx	simately 5:10 p.m., a direct					ľ

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCT LDING	ION	(X3) DATE SURVEY COMPLETED	
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{W 159}	support staff was o chopping food with stated that she and Client #3's foods to However, review of failed to show evide PCP had been mad recommendations f SLP screening. On following dietary ordinors, High Fiber twice daily." [It should be noted in nutritionist wrote " <complete emechanical="" nutrition="" soft="" td="" tex<=""><td>bserved in the kitchen, a knife. When asked, she other staff always chopped help his swallowing. the client's physician's orders ence that the recently-assigned the aware of the previous for altered food texture and an 5/19/10, the PCP wrote the ders: "Regular, Double is snacks. Prune juice 1 cup that on 6/2/10, a new Client #3> was assessed for a evaluationThe current diet of ture is synonymous to a nt #3> should receive a</td><td>{W 1</td><td>59}</td><td></td><td></td><td></td></complete>	bserved in the kitchen, a knife. When asked, she other staff always chopped help his swallowing. the client's physician's orders ence that the recently-assigned the aware of the previous for altered food texture and an 5/19/10, the PCP wrote the ders: "Regular, Double is snacks. Prune juice 1 cup that on 6/2/10, a new Client #3> was assessed for a evaluationThe current diet of ture is synonymous to a nt #3> should receive a	{W 1	59}			
	5/3/10, included the 1. The facility's QMF documentation of pr Program Plan (IPP) #4. [See W252] 2. The facility's QMF	RP failed to ensure consistent rogress on the Individual objective for Clients #3 and RP failed to coordinate					
W 189	necessary to provide #3. [See W460]	nenus were modified as the prescribed diet of Client F TRAINING PROGRAM	W 18	39			·
		·		1		i	ļ

	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A BU		PLE CONSTRUCTION	(X3) DATE S COMPL	
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NAME OF F	ROVIDER OR SUPPLIER			7	REET ADDRESS, CITY, STATE, ZIP CODE 4 'W' ST, NW VASHINGTON, DC 20015	06/1	10/2010
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W 189	The facility must pro initial and continuing	ovide each employee with g training that enables the m his or her duties effectively,	W	189	See attached Training Calend	lar	
	Based on observation review, the facility far effectively trained or maladaptive behavior data, failed to provide training to ensure the abuse, and failed to trained on maintaining	s not met as evidenced by: on, staff interview and record ailed to ensure staff was n documenting targeted ors in the clients' behavior le incident management at staff recognized potential ensure that all staff was ng safe water temperatures, ct support staff in the facility.					
	to remove all of his of living room. Review at 8:55 a.m., revealed duty at the time faile on his behavior data incident was indicate 6/6/10; however, it to in the program book						
	On 6/9/10, at approx with the qualified me (QMRP) revealed the in-service training sing appointed by a court corroborated a short	imately 3:15 p.m., interview intal retardation professional at the facility had not provided noe new management was on 5/14/10. This was time later (4:05 p.m.) by two tho were interviewed.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETEO	
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PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
ensure staff was tra and neglect, reside incident manageme 11:58 a.m., review and Daily Progress documented an incident #3 on the approximately 12:3 retardation profession been no reports of face since she was 5/14/10. If staff we another client, "that On 6/9/10, at approvice training for management system in-service training hat abuse and neglect, management policies "it will be" scheduled 3. [Cross-refer to Wildocumented hot was 110 degrees on thre 6/5/10 and 6/9/10) a management, as pe 6/9/10, at approxima acknowledged that t in-service training for	V153] The facility failed to ained on recognizing abuse nt rights and the facility's ent policies. On 6/9/10, at of Client #4's behavior data Notes revealed that staff had ident 5/25/10 when Client #4 head. On 6/9/10, at 0 p.m., the qualified mental onal (QMRP) stated there had anyone being hit in the head or assigned as QMRP on re to witness a client hit would be abuse." Eximately 3:15 p.m., the QMRP they had not provided or staff on their incident m since 5/14/10. At 4:05 p.m., irect support staff confirmed no training on incident use/neglect. p.m., the QMRP indicated d not yet been scheduled for resident rights and incident as. She added, however, that if soon. W426] The moming shift had the temperatures exceeding the different dates (6/1/10,	W	189			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	2) MULTIPLE CONSTRUCTION (X3) DATE SURV COMPLETE			
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W 189	two direct support s been no training pro p.m., the QMRP ind nutrition (6/14/10) w thus far.	taff confirmed that there had ovided. On 6/10/10, at 2:50 licated that staff training on as the only topic scheduled	W	189		· ·	
W 192	For employees who	F TRAINING PROGRAM work with clients, training and competencies directed th needs.	W 1	192	Nutrition training was conducted by a nutrit held on June 14 th . See attached sign in sheet curriculum. Nutritional assessments were completed and	and	6/14/10
	Based on observation review, the facility faculty train were effectively train	s not met as evidenced by: on, interview, and record ailed to ensure that all staff ned to address the implement for one of the four sampled			were developed and placed in the home.		
	Client #3 was offere snack. The nutrition recommended that I	On 6/9/10, at 4:16 p.m., d sugar wafers for afternoon hist, however, had he receive hi-fiber snack ress recurrent bouts of		·			
	approximately 5:10 previously unaware fiber snacks. She st received any training choices. She furthelist of high fiber snac reference. On 6/9/1 qualified mental reta stated that the facility	rect support staff on 6/9/10, at o.m., revealed that she was of the recommended high tated that she had not g on diet plans and snack r indicated that there was no eks available for staff 0, beginning at 3:11 p.m., the rdation professional (QMRP) y had not provided staff noe the new management					

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M	ULTIPLE CONSTRUCTION	(X3) DATE S	
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W 192 {W 252}	team was appointe verified through rev 6/10/10, at approxif [Note: On 6/10/10, pointed to announc for mandatory staff was scheduled for 483.440(e)(1) PRO Data relative to accepecified in client in	d on 5/14/10. This was also riew of training records on mately 1:00 p.m. at 2:50 p.m., the QMRP ements posted in the facility, training by the nutritionist. It	W 1			7/29/10
	Based on observation review, the facility for documentation of performed Plan (IPP) clients in the sample. The findings includes 1. Observation on 6 Client #3 removed in room, dropped his performed, instruction, while other stafficients out of view. Client #3's behavior 4/19/10, was review (6/10/10), beginning "removing clothes in the sample of the	,				

STATEMENT OF DEFICIENCIES (2) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MUL IDENTIFICATION NUMBER: A. BUILD			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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{W 252}	Frequency of Targe ABC Data Collection document each episthat was observed. aforementioned for approximately 8:45 not documented the on the ABC Data Collection and documented and ealier that morning, breakfast."] 2. On 6/9/10, at apporting the Daily Log Bootheir activities through following entry dated #3 stripped totally accleaned and left to a Data Collection She approximately 8:45 and documentation obehavior. This is a repeat definition.	in the BSP. According to the sted Behavior Form and the in Sheet, staff should sode of a targeted behavior. Review of the ms on 6/10/10 at a.m., revealed that staff had a 8:15 a.m. disrobing episode ollection Sheet. [Note: Staff tother episode of disrobing at "7:30 a.mjust before proximately 3:30 p.m., review ok (in which staff documented ghout their shift), revealed the dis/6/10, at 6:00 a.m. " <client 10="" 10,="" 6="" a.m.,="" abc="" and="" at="" dry="" et="" f="" observed="" of="" on="" out."="" revealed="" review="" sofa="" sofa;="" targeted<="" td="" that="" the="" there="" was="" wet=""><td>{W 2</td><td>52}</td><td></td><td></td><td></td></client>	{W 2	52}				
	5/3/10, included the The facility failed to consistently maintain	ensure that data was ned on the training objectives behavior of Clients #3 and						
j	approximately 6:19 p	ent #4 pn 4/29/10, at p.m., revealed she began she repeatedly hit herself on				·		

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	ULTIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
{W 252}	the left side of her had behavior support plate 4/30/10 at 9:24 a.m self-injurious behave punching herself on Frequency of Targe slapping/punching be documented. The Also required that an interventions, and rebe documented each exhibit a targeted be aforementioned for revealed that the facts surveyor on 4/29/10 administration had residual support of the surveyor on 4/29/10 administration had residual support of the surveyor on 4/29/10 administration had residual support of the surveyor on 4/29/10 administration had residual support of the surveyor of the surveyor of 4/29/10 administration had residual support of the surveyor of th	nead Review of Client #4's an (BSP) dated 8/17/09, on, revealed the client exhibited iprs (SIB), which included face or head. According to ted Behavior Form, the face behavior should be ABC Data Collection Sheet intecedents, behaviors, esponses to the intervention th time staff observe the client ehavior. Review of the ins on 4/30/10 at 9:35 a.m., be slapping observed by the during the medication not been documented.	{W 25	2}		
{W 318}	administration on 4/h he slapped himself in his face He then gloudly, and began "p was no documentatic Collection Sheet contargeted behavior. 483.460 HEALTH C. The facility must ensistervices requirement	ARE SERVICES sure that specific health care	{W 318	The nutritionist trained on prescribed die 2010 with all staff. The QMRP will moniprescribed diet is being provided to the in weekly x 4 for one meal, then monthly x	tor that the adividuals 3, then	6/14/10
	Based on interviews facility failed to ensu services were coordifacility's nursing services to provide h	and record verification, the re timely preventive health nated [See W322]; the rices failed to establish ealth care monitoring and eccordance with clients' needs		quarterly. (See attached sign-in si	leet)	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
{W 318}	[See W331]; and the therapeutic diets we [See W460]. The effects of these in the demonstrated	e facility failed to ensure ere provided as prescribed es systemic practices resulted defailure of the facility to	{W 318}			
{W 322}	provide health care 483.460(a)(3) PHYS The facility must pro general medical car	SICIAN SERVICES Divide or obtain preventive and	{W 322}	The administration at MarJul Homes resimportance of safe medication practices follow up. A policy regarding the safe us medications has been developed. All nur	and medical se of PRN	7/15/10 and 6/25/10
	Based on observation review, the facility fa	•		been trained on this policy. In addition, a received training on the protocol for Boy documentation and monitoring. (see attached sign in sheet)	ıll staff have	
	1. The monitoring si to 5/3/10 revealed C bowel obstruction ar (ER) visits due to comonitoring survey, otaken to an ER after paln. Review of the (BM) records on 4/3 recent BM had been days earlier. His phydifferent medications magnesia MOM) to constipation. The or specify when to admiredication. There we protocol available to	urvey conducted from 4/29/10 Client #3 had a history of and multiple emergency room onstipation. During the on 4/30/10, Client #3 was a complaining of abdominal client's bowel movement 0/10 revealed that his most a documented on 4/24/10, 6 ysician's orders included two s (constulose or milk of be administered PRN for orders, however, did not a hinister one or the other were no other instructions or further clarify. On 5/3/10, at revisory Registered Nurse (RN)		We recognize the importance of timely laboratory results and communications with physicians. All nurses have been trained diagnostic testing protocol.	vith the	7/15/10

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER			74	ET ADDRESS, CITY, STATE, ZIP O W ST, NW ASHINGTON, DC 20015		
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{W 322}	confirmed that Client instructions or a properties of the PRN materials of the practice was cited in dated 5/3/10.	nt #3's record failed to include otocol on when he was to edications. This deficient n the federal deficiency report	{W3	22}			
	that the facility still is protocol or obtained	ey initiated on 6/9/10, revealed had not established a written d orders that clarified when to 8's PRN medication for ows:					
	the licensed practic described that on 5 had observed Clien complaining of storr telephoned 911 and the ER for evaluatio summary revealed a stomach pain and a constipation - acute At approximately 8:4 although there were orders on administe MOM, she was expanse a laxative if Clien	ag at approximately 8:50 a.m., all nurse coordinator (LPNC) /27/10, a medication nurse t # 3 lying on the floor and nach pains. The nurse if the client was transported to on. The ER discharge a primary diagnosis of a secondary diagnosis of a secondary diagnosis of a abdominal: fecal impaction. 57 a.m., the LPNC stated that a no written instructions or ening the PRN lactulose or ected to administer the PRN at #3 did not have a BM in 3					
	revealed the following Client #3 a diet high and vegetables and 10 to 12 cups of wat evening for 10 days; care physician (PCF schedule a follow-up	e hospital discharge summary ng recommendations: provide in fiber, including raw fruits bran to prevent constipation; ter daily; Dulcolax 5mg every; and, contact your primary 0) as soon as possible to appointment in 2-3 days.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	entry dated 5/27/10 documented that the outcome of the ER recommendations. hospital recommendations hospital recommendations hospital recommendations. Dulcolax 5 mg tab, physician's orders of and Milk of Magnes orders did not, how administer either on PRN for constipatio daily water/fluid inta On 6/9/10, at approx Client #3's bowel more vealed that staff of during the evening sellater. Review of the administered MOM again on 6/2/10. It is corresponding nurse indicated that the client BM, whereas his BM After she administered for 6/2/10, the nurse do on 6/3/10, at which to Dulcolax from 5 mg On 6/10/10, at 3:00 showed that his stool between 6/4/10 - 6/8 the PCP's office on 6 she discontinued the started him on Lacture However, as of 6/10/10.	progress note revealed an (5:10 p.m.) which e PCP was notified of the visit and the discharge The PCP concurred with the dation to begin administering 1 tab daily. The 5/28/10 continued to include Enulose ia as PRN medications. The ever, specify when to se or the other medication n, nor did the orders address	{W 322}				

	PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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W 322) Continued From page 23 was to receive "Milk of Mevery evening as needed 2. The facility's medical teand implement a system of the findings/reports of tests. Cross-refer to W331.2. Count received lab testing by the PCP. The results facility by facsimile on 5/2 review of the clients' med Interviews with the qualific professional and the LPN p.m. and 6/10/10, at 9:50 revealed that to date, the not been shared with or received that to date, the not been shared with or results and Client #3's regults	agnesia 30 ml by mouth for constipation." eam failed to establish to ensure timely review diagnostic laboratory Clients #3 and #4 had on 5/20/10, as ordered were reported to the 15/10. However, further ical charts followed by ed mental retardation IC (on 6/9/10, at 1:16 a.m., respectively) lab report findings had eviewed by the PCP, is showed abnormal cort indicated elevated RVICES clients with nursing ith their needs. net as evidenced by: ecord review, the facility ervices were provided in s of two of the four #3 and #4)	(W 322)				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER WESTVIEW 02				74	EET ADDRESS, CITY, STATE, ZIP CODE I 'W' ST, NW (ASHINGTON, DC 20015			
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{W 331}	[Cross-refer to W32 conducted from 4/2 #3 had a history of emergency room (E His physician's order medications (constructions) to be administed to the empty of the orders, however administer one or the empty of the orders of the empty of t	constipation, as follows: 22] The monitoring survey 9/10 to 5/3/10 revealed Client bowel obstruction and multiple ER) visits due to constipation. ers included two different ulose or milk of magnesia stered PRN for constipation. er, did not specify when to ne other medication and there tructions or protocol in his larify. This deficient practice	{W 33	31}	1. The administration at MarJul Homes recimportance of safe medication practices and follow up. A policy regarding the safe use of medications has been developed. All nursing been trained on this policy. In addition, all received training on the protocol for Bowel documentation and monitoring. (see attached sign in sheet)	d medical of PRN ng staff have staff have	7/15/10 and 6/25/10	
	5/3/10. The follow-up surve that Client #3 had b 5/27/10. The ER dis	eral deficiency report dated ey on 6/9/10 - 6/10/10 revealed een taken to a hospital ER on scharge summary revealed a of stomach pain and a			2. We recognize the importance of timely for lab results and communications with the phonurses have been trained on laboratory/ diagreesting protocol.	ysicians. All	7/15/10	
	secondary diagnosi abdominal: fecal im client's chart, and ir practical nurse coor the PCP had made medication regimer Client #3's record sor a protocol on wh	is of constipation - acute apaction. Further review of the interviews with the licensed redinator (LPNC) revealed that adjustments to the client's in. However, as of 6/10/10, till failed to include instructions en he was to receive "Milk of mouth every evening as			3. MarJul Homes has acquired a new RN w providing oversight of the individuals' care. date was June 11, 2010.		6/11/10	
	the results of labora timely to the PCP, a a. On 6/9/10, begin the lab reports in C she had received a	sing services failed to ensure atory studies were reported as evidenced below: ning at 10:59 a.m., review of lient #4's records revealed that urinalysis testing performed to report showed the date of						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		_	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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{W 331}	5/25/10 in the facsi of the page. Reviet the following abnor UA clarity: cloudy (I UA blood: large (re UA protein: 30 (refe UA red blood cells: UA squam cells: 19 the presence of mu was detected. Further review of the evidence of a reviet On 6/9/10, at 11:13 nursing progress no lab work was reflect On 6/9/10, at 1:16 pretardation professi lab reports were us facility. The license (LPNC) reviews the client's record lab report in the from review by the PCP, the facility the next She confirmed the by the QMRP. She Client #4's urinalysis the PCP to date. Swere abnormal test acknowledged that 5/25/10 had been find without having received.	mile markings across the top w of the test results revealed mal findings: reference clear); ference negative); 117H (reference 0-4/hpf); 2H (reference 0-5/hpf); and, acous and amorphous cells at lab report failed to show w by a nurse or the PCP. a.m., review of Client #4's betes revealed that the 5/20/10 ated "report pending." b.m., the qualified mental conal (QMRP) indicated that aually received first by the ad practical nurse coordinator are report and makes an entry in The LPNC then places the ant of the medical chart for The LPNC was interviewed in morning (6/10/10) at 9:50 a.m. procedure as described earlier a stated that the findings of is had not been shared with the would call the PCP if there	{W3	31)			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G193			(X2) M		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		B. WING			R 06/10/2010		
NAME OF PROVIDER OR SUPPLIER WESTVIEW 02				7	REET ADDRESS, CITY, STATE, ZIP CODE 4 W ST, NW WASHINGTON, DC 20015		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
{W 331}	(Reference range: report showed the comarkings across the review of the lab re-	3.5 -5.1 mmol/L). The lab date of 5/25/10 in the facsimile e top of the page. Further port failed to show evidence of or the PCP since the time the	{W 3:	31}			
	stated that Client #3 received general phon 5/21/10. She act the blood work were home until 5/25/10, evaluation. The nuthe results of the ge	ing at 9:50 a.m., the LPNC and his peers had all hysical evaluations by the PCP knowledged that the results of e not received by the group four days after the physical rese further acknowledged that eneral chemistry (including levels) had not been reported					
(W 356)	interview with the Li a consulting Supervindicated the RN has since they began properties facility on 5/14/10. However, revealed to oversight. During that approximately 4: director indicated the failed to perform the therefore, had secure RN, who would begassassassassassassassassassassassassass	PREHENSIVE DENTAL sure comprehensive dental	{ ₩ 38	56}			
	treatment services in needed for relief of	that include dental care					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING			(X3) DATE SURVEY COMPLETED		
		B. WIN		 _	R		
<u> </u>		09G193	D. WING	<u> </u>		06/1	0/2010
NAME OF PROVIDER OR SUPPLIER WESTVIEW 02				74	EET ADDRESS, CITY, STATE, ZIP CODE I'W' ST, NW /ASHINGTON, DC 20015		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
(W 356)	This STANDARD is Based on interview failed to ensure time maintenance of den clients in the sample. The finding includes The monitoring surveys of the finding includes the findi	s not met as evidenced by: and record review, the facility ely treatment services for the ital health of one of three e. (Client #3) ivey conducted from 4/29/10 to 10/1/09, the periodontist with severe gingivitis, heavy is, and generalized caries of 15. During a dental visit on in 4/7/10, the periodontist the client's "Generalized be addressed by general lings were previously cited in cy report dated 5/3/10. censed practical nurse on 6/10/10, at 3:35 p.m., caries of teeth #4, #12 and ddressed, to date. Continued PNC, however, revealed a sheduled appointment with the en kept; however, no services p.m., review of the dental	(W 35	d b	We recognize the importance of dental care a dental appointments, both preventative and a peen scheduled. We will ensure that the period care is continued regardless of payment methods.	cute, have odontal	
	Client #3 was denie	dated 6/9/10 revealed, that d treatment services because not participate in the Medicaid					
	evidence that the Cl	10/10 survey, there was no lient #3's caries had been ded by the periodontist on					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	(2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
		09G193	B. WIN	4G_		i	R 0/2010	
NAME OF P	ROVIDER OR SUPPLIER EW 02			7	REET ADDRESS, CITY, STATE, ZIP CODE 74 'W' 8T, NW WASHINGTON, DC 20015			
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{W 356}		ge 28	{W3	56}				
W 426	10/1/09. 483.470(d)(3) CLIE	NT BATHROOMS	W	126				
	The facility must, in clients who have no water temperature a	areas of the facility where at been trained to regulate are exposed to hot water, perature of the water does not	•••		All staff have been trained on safe water to practices. (see attached staff memo and tr schedule)	4	6/9/10	
	Based on observation review, the facility fa	s not met as evidenced by: ons, interview and record ailed to ensure water of to exceed 110 degrees						
	The findings include) :				+		
	water temperature r Farenheit in the batt floor and the basem	proximately 2:00 p.m., the hot measured 118 degrees hrooms located on the first lent. The water temperature is located on the second floor ees Fahrenheit.						
	readings, the CEO/a setting on the hot was 5:30 p.m., hot water at all of the previous temperatures range Fahrenheit. There we that the facility had of	the water temperature administrator turned down the ater heater. At approximately temperatures were retested by identified installations. The d from 95 to 100 degrees as no evidence, however, consistently ensured that the ares did not exceed 110						
	of the hot water tem	proximately 2:20 p.m., review perature log that was posted ed the following temperatures						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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		09G193	B. WIN	IG		1	0/2010	
NAME OF PROVIDER OR SUPPLIER WESTVIEW 02				74	EET ADDRESS, CITY, STATE, ZIP CODE I'W'ST, NW (ASHINGTON, DC 20015			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
W 426	Continued From pa	ge 29	W4	126				
{W 460}	that were recorded by staff: 6/1/10, a.m. shift: 119 degrees 6/5/10, a.m. shift: 115 degrees 6/9/10, a.m. shift: 115 degrees Further interviews with the QMRP and the CEO/administrator revealed that staff had not brought the temperature readings to management's attention. The "Hot Water Temperature Log" sheet had instructions that included "The hot water temperature should be maintained no greater than 110 degrees. The log sheet also instructed staff to notify management of temperatures exceeding 110 degrees. 483.480(a)(1) FOOD AND NUTRITION SERVICES Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets. This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure the therapeutic diet was provided as prescribed for one of three clients in the sample. (Client #3)		{W 460]				6/14/10:	
					QMRP will be monitoring meal to ensure that prescribed diet is being provided.	the		
	The finding includes							
	5/3/10 revealed Clie	rey conducted from 4/29/10 to ent #3 had a history of bowel tiple emergency room (ER) ation.						
	incident dated 5/27/ medication nurse of floor and complaining	o.m., review of an unusual 10 revealed at 6:20 a.m., the oserved Client # 3 lying on the og of stomach pains. The 11 and the client was						

STATEMENT OF OEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		0 9 G193	B. WI	1G		06/10	? √2010
NAME OF PROVIDER OR SUPPLIER WESTVIEW 02				74	EET ADDRESS, CITY, STATE, ZIP CODE W ST, NW ASHINGTON, DC 20015		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX (EACH CORRECTIVE ACT TAG CROSS-REFERENCED TO		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	THE APPROPRIATE	
(W 460)	transported to the 6 5:10 p.m., review of dated 5/27/10, reveand treated at the finome on the same. Observation, interview 6/10/10, revealed to the follow-up surve 6/10/10, revealed to the facility failed provided a modified accordance with his evidenced below: On 6/9/10 at 4:16 phousemates were as an afternoon some revealed that they summary revealed abdominal, general diagnosis of constitution. The recommended a diffuits and vegetable constipation. Additivere recommended Client #3's physicial on the 5/19/10, we portions, High Fibertwice daily." On 6/5 p.m., interview with	emergency room. On 6/9/10 at of the discharge summary ealed Client #3 was assessed ER, then returned to the group evening. iew and record review during y conducted on 6/9/10 and he following concerns: to ensure Client #3 was do (high fiber) diet in some assessed needs, as some client #3 and his observed eating sugar wafers ack. Interview with staff were sugar-free wafers. p.m., the ER discharge a primary diagnosis of pain lized and a secondary pation - acute abdominal pain: he ER discharge summary iet high in fiber, including raw es and bran to prevent ionally, 10 to 12 cups of water as follows: "Regular, Double or snacks. Prune juice 1 cup 2/10, at approximately 5:05 in the direct care staff (DCS),	(W 4	60}			
	and the licensed p	tardation profession (QMRP), ractical nurse coordinator he client received the prune ontinued interview, however,					-

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED R		
	09G193		B. WING				
NAME OF PROVIDER OR SUPPLIER WESTVIEW 02				74	EET ADDRESS, CITY, STATE, ZIP CODE I'W'ST, NW (ASHINGTON, DC 20015		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREF		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	DULD BE COMPLÉTION	
{W 460}	failed to confirm the received high fiber discussion with the confirm that the clie fiber, including raw bran, as recomme summary, dated 5/2 On 6/9/10 at 5:17 pmenus revealed that	at the client had consistently snacks. Additionally, further aforementioned staff failed to ent had received a diet high in fruits and vegetables and nded in the ER discharge	{W 4	60)			

STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING 06/10/2010 HFD03-0202 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 74 'W' ST. NW **WESTVIEW 02** WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) (R 000) INITIAL COMMENTS {R 000} A follow-up survey was conducted on 6/9/10 -6/10/10, to verify that the facility had come into compliance with deficiencies identified in the licensure survey of 5/3/10. It should be noted that the current governing body was appointed by a court to manage this facility "in receivership," effective 5/14/10. The new management submitted a Plan of Correction dated 6/7/10. The follow-up visit revealed that there had been some progress made in the three weeks since the court action. However, through observation, interviews with staff and residents and review of records, the determination was made that the facility remained not in compliance with 22 DC Municipal Regulations, Chapter 47, Health Care Facility Unlicensed Personnel Criminal Background Checks, as evidenced in the report that follows. R 125 4701.5 BACKGROUND CHECK REQUIREMENT {R 125} 1 - 6. An audit of all personnel files was conducted by 7/14/10 The criminal background check shall disclose the criminal history of the prospective employee or MarJul Homes. The services of Global Investigation contract worker for the previous seven (7) years. Services will be secured by July 14, 2010. This service in all jurisdictions within which the prospective employee or contract worker has worked or will allow administrative staff to acquire a seven year, resided within the seven (7) years prior to the multi-state background check. check. This Statute is not met as evidenced by: Based on interview and review of personnel records, the GHMRP failed to ensure criminal background checks for all jurisdictions in which the employees had worked or resided within the 7 years prior to the check, for 6 out of 13 direct support staff whose background check documentation was made available for review. (S1, S2, S3, S4, S7 and S8) Health Regulation Administration

STATE FORM

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Health Regulation Administration

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continuation sheet 1 of 4

Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING **B. WING** HFD03-0202 06/10/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 74 'W' ST, NW **WESTVIEW 02** WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) {R 125} Continued From page 1 {R 125} The findings include: On 6/9/10, at approximately 3:15 p.m., the facility's CEO indicated that 6 of the 13 direct support staff currently employed had been hired by the former provider agency management (prior to the 5/14/10 court hearing and receivership appointment). He further indicated that he thought criminal background checks for those 6 employees were "current." At approximately 3:45 p.m., he presented background checks and employment application forms for all 13 direct support staff employed. He stated that his agency routinely ensured that background checks covered all jurisdictions in which the applicant had worked or resided within the 7 years prior to the check. Beginning at 4:11 p.m., however, review of the personnel files revealed that the employment history for 8 of those staff not available. Additional information (i.e. employment histories) for some of those 8 staff was presented on the next day (6/10/10). Review of this information. beginning at 12:37 p.m., revealed the following: 1. The 6/9/10 review revealed that a background check had been performed for Staff #1 (hired by the former management) in Washington, DC on 2/18/10. Her employment history, however, was not available for verification. No additional information was presented before the survey ended at 3:45 p.m. on 6/10/10. 2. The 6/9/10 review revealed that a background check that covered Maryland, Washington, DC and Virginia had been performed for Staff #2 (hired by the former management) on 9/8/09. Her employment history, however, was not

Health Regulation Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 06/10/2010 HFD03-0202 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 74 'W' ST, NW **WESTVIEW 02** WASHINGTON, DC 20015 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC (DENTIFYING INFORMATION) TAG TAG DEFICIENCY) (R 125) Continued From page 2 {R 125} available for verification. No additional information was presented before the survey ended at 3:45 p.m. on 6/10/10. 3. The 6/9/10 review revealed that a background check had been performed for Staff #3 in Washington, DC on 1/13/10. Review of her employment history on 6/10/10 revealed that she had worked in Silver Spring, Maryland from 10/04 - 8/05. Prior to 10/04 (but dates not specified), she had worked in Bladensburg, Maryland. There was no evidence of a background check that covered those jurisdictions. 4. The 6/9/10 review revealed that background checks had been performed for Staff #4 in Washington, DC and Maryland, on 7/2/09 and 2/2/10, respectively. However, review of her employment history on 6/10/10 revealed that she had worked in Falls Church, Virginia in 09, and had worked in Danville, Pennsylvania from 5/06 8/06. There was no evidence of a background check that covered those jurisdictions. 5. The 6/9/10 review revealed that a background check had been performed for Staff #7 in Washington, DC on 1/12/10. Review of his employment history on 6/10/10 revealed that he had worked in Baton Rouge, Louisiana from 1993 - 5/07. There was no evidence, however, of a background check that covered that jurisdiction. 6. The 6/9/10 review revealed that a background check had been performed for Staff #8 in Washington, DC on 3/31/09. Review of his employment history on 6/10/10 revealed that he had worked in Takoma Park, Maryland from 6/02 - 2005. There was no evidence however, of a background check that covered that jurisdiction.

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULTIF A. BUILDING B. WING			LETED R
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{R 125}	Continued From pa	age 3		{R 125}			
	This is a repeat deficiency. Previously, the deficiency report dated 5/3/10, included the following:						
;							
	4/29/10 at approxim	facility's House Manag mately 12:10 p.m. rev our new staff since 12:	vealed the				
	background checks conducted in all are	nired staff, two of the o s failed to reflect a se eas where they either ast seven years as ev	earch was er worked				
	12:20 p.m., reveale listed him as either states of West Virgi the past seven year check on record at	on 4/29/10, at approxited, Staff #2's job appler having worked or live ginia and Pennsylvaniass. The criminal back the time of survey or unding states of Maryls strict of Columbia.	olication yed in the hia within okground only			·	
	12:25 p.m., reveale listed him as either state of Florida with criminal background	on 4/29/10, at approxing the staff #3's job applies having worked or live the past seven years of check on record at the District of Colored	elication yed in the ears. The t the time				

Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING HFD03-0202 06/10/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 74 'W' ST. NW **WESTVIEW 02** WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID PREFIX (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) {I 000} INITIAL COMMENTS {1 000} A follow-up survey was conducted on 6/9/10 -6/10/10, to verify that the facility had come into compliance with deficiencies identified in the licensure survey of 5/3/10. It should be noted that the current governing body was appointed by a court to manage this facility "in receivership," effective 5/14/10. The new management submitted a Plan of Correction dated 6/7/10. The follow-up visit revealed that there had been some progress made in the three weeks since the court action. However, through observation, interviews with staff and residents and review of records, the determination was made that the facility remained not in compliance with 22 DC Municipal Regulations, Chapter 35, Group Homes for Persons with Mental Retardation, as evidenced in the report that follows. {I 180} 3508.1 ADMINISTRATIVE SUPPORT {1 180} 1 see W 153 Each GHMRP shall provide adequate 2, see W 189.1 and W 252 administrative support to efficiently meet the 3. see W 426 needs of the residents as required by their Habilitation plans. 4. Nutrition training was conducted by a nutritionist and 6/14/10 held on June 14th. See attached sign in sheet and This Statute is not met as evidenced by: Based on observation, staff interview, and record curriculum. review, the group home for persons with mental Nutritional assessments were completed and new menus retardation (GHMRP) failed to ensure the qualified mental retardation professional (QMRP) were developed and placed in the home. coordinated, integrated, and monitored services, for five of the five residents residing in the facility. 5. Nutrition training was conducted by a nutritionist and (Residents #1, #2, #3, #4 and #5) held on June 14th. See attached sign in sheet and The findings include: curriculum. Nutritional assessments were completed and new menus 1. [Cross-refer to Federal Deficiency Report -Citation W153] The QMRP failed to ensure that were developed and placed in the home. Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER RESENTATIVE'S SIGNATURE

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STATE FORM

Health Regulation Administration

STATEMENT DF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PRÓVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER			STREET AL	DRESS, CITY,	STATE, ZIP CODE				
WESTVIEW 02			74 'W' ST, NW WASHINGTON, DC 20015						
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		ximately 3:15 p.m., in paled that she had no				; ;			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NU			(X2) MULTI A. BUILDIN B. WING _		(X3) DATE SURVEY COMPLETED R			
HFD03-0202				06/10/201				
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WESTVIEW 02 74 'W' ST, WASHING'				, NW ITON, DC 20015				
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) objective for Reside						

Health Regulation Administration STATE FORM

Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING 06/10/2010 HFD03-0202 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 74 'W' ST. NW **WESTVIEW 02** WASHINGTON, DC 20015 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CRDSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) {| 180} { 180} Continued From page 3 2. The facility's QMRP failed to coordinate services to ensure menus were modified as necessary to provide the prescribed diet of Resident #3. [See W460] 1222 1222 3510.3 STAFF TRAINING See attached Training Schedule There shall be continuous, ongoing in-service 6/22/10 All staff have been trained on the implementation training programs scheduled for all personnel. And of the incident management system and reporting 6/25/10 This Statute is not met as evidenced by: policies, see attached training schedule) Based on observation, staff interview and record B. All staff have been trained on safe water review, the group home for persons with mental 7/9/10 retardation (GHMRP) failed to ensure staff was temperature practices. (see attached staff memo and effectively trained on documenting targeted maladaptive behaviors in the residents' behavior training schedule) data; incident management and recognizing 4. Nutrition training was conducted by a nutritionist potential abuse; maintaining safe water 6/14/10 temperatures; and, ensuring that Client #3 and held on June 14th, See attached sign in sheet and received high-fiber snacks as prescribed, for 13 of the 13 direct support staff in the facility. curriculum. Nutritional assessments were completed and new The findings include: menus were developed and placed in the home. Cross-refer to Federal Deficiency Report -Citation W252] On 6/9/10, at approximately 8:15 a.m., Resident #3 was observed to remove all of his clothing while standing in the living room. Review of his records the next day, at 8:55 a.m., revealed that the staff who were on duty at the time failed to document the incident in on his behavior data sheets. Another behavioral incident was indicated in a staff log entry on 6/6/10; however, it too had not been documented in the program book, in accordance with the resident's behavior support plan (BSP), dated 4/19/10. On 6/9/10, at approximately 3:15 p.m., interview

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD03-0202 06/10/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 74 W'ST. NW **WESTVIEW 02** WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES (X4) IO PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 1 222 Continued From page 4 1222 with the qualified mental retardation professional (QMRP) revealed that the facility had not provided in-service training since new management was appointed by a court on 5/14/10. This was corroborated a short time later (4:05 p.m.) by two direct support staff who were interviewed. [Cross-refer to Federal Deficiency Report -W153] The facility failed to ensure staff was trained on recognizing abuse and neglect. resident rights and the facility's incident management policies. On 6/9/10, at 11:58 a.m., review of Resident #4's behavior data and Daily Progress Notes revealed that staff had documented an incident 5/25/10 when Resident #4 hit Resident #3 on the head. On 6/9/10, at approximately 12:30 p.m., the qualified mental retardation professional (QMRP) stated there had been no reports of anyone being hit in the head or face since she was assigned as QMRP on 5/14/10. If staff were to witness a resident hit another resident, "that would be abuse." On 6/9/10, at approximately 3:15 p.m., the QMRP acknowledged that they had not provided in-service training for staff on their incident management system since 5/14/10. At 4:05 p.m., interview with two direct support staff confirmed that there had been no training on incident management or abuse/neglect. On 6/10/10, at 2:50 p.m., the QMRP indicated that staff training had not yet been scheduled for abuse and neglect, resident rights and incident management policies. She added, however, that "it will be" scheduled soon. 3. [Cross-refer to Federal Deficiency Report -W426] The morning shift had documented hot

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appointed on 5/14/10. This was also verified through review of training records on 6/10/10, at

[Note: On 6/10/10, at 2:50 p.m., the QMRP pointed to announcements posted in the facility. for mandatory staff training by the nutritionist. It

approximately 1:00 p.m.

was scheduled for 6/14/10.]

Health Regulation Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING HFD03-0202 06/10/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 74 'W' ST. NW **WESTVIEW 02** WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) {| 227} 3510.5(d) STAFF TRAINING {| 227} See Training Calendar Each training program shall include, but not be limited to, the following: (d) Emergency procedures including first aid, cardiopulmonary resuscitation (OPR), the Heimlich maneuver, disaster plans and fire evacuation plans: This Statute is not met as evidenced by: Based on record review and staff interview, the group home for persons with mental retardation (GHMRP) failed to ensure all staff completed training in performing first aid and cardiopulmonary resuscitation (CPR), for 4 of 9 staff whose training status was reviewed. (Staff \$1, \$2, \$4 and \$7) The finding includes: On 6/10/10, beginning at 12:37 p.m., review of personnel record revealed no evidence that staff S1, S2, S4 and S7 had current CPR certification and First Aid training. It should be noted that S1 and S2 had been employed by the former residence manager, while S4 and S7 had been employed by the new management, pripr to their receivership appointment by a court on 5/14/10. The CEO/administrator acknowledged that some staffs' certifications had expired. He further indicated, however, that the next training had been scheduled for July 2010. This is a repeat deficiency. Previously, the licensure deficiency report dated 5/3/10, included the following:

FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING HFD03-0202 06/10/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 74 'W' ST, NW **WESTVIEW 02** WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE **TAG** TAG DEFICIENCY) {| 227} | Continued From page 7 {1 227} Interview with the facility 's House Manager (HM) on 4/29/10, at approximately 12:10 p.m., revealed the facility has hired four new staff since 12/09. Record review on the same day at approximately 12:55 p.m. revealed, none of the four staff records reviewed showed evidence of either first aid or CPR training. The GHMRP failed to ensure all staff received training in the areas of implementing First Aid or CPR as required by this section. {1 379} (1379) 3519.10 EMERGENCIES All staff have been trained on the implementation of the 6/22/10 In addition to the reporting requirement in 3519.5. And incident management system and reporting policies. each GHMRP shall notify the Department of 6/25/10 Health, Health Facilities Division of any other (see attached training schedule) unusual incident or event which substantially interferes with a resident 's health, welfare, living (see attached sign in sheet) arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on interview, review of resident behavior data and review of incident reports and investigations, the group home for persons with mental retardation (GHMRP) failed to notify the Department of Health, Health Regulation and Licensing Administration (HRLA) of an incident

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(Resident #3)

where one resident assaulted another resident. for one of the five residents in the GHMRP.

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FORM APPROVED Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING HFD03-0202 06/10/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 74 'W' ST, NW **WESTVIEW 02** WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) {I 379} Continued From page 9 {1 379} documentation of incidents ... corrective action to prevent the recurrence of similar incidents ... staff training in the prevention, detection, reporting and investigation of incidents." Abuse of an individual by another individual was prohibited and "physical abuse" was defined to include "intentionally or willfully grabbing ...slapping, hitting ...punching, or otherwise wrongfully handling an individual." On 6/9/10, beginning at 2:16 p.m., review of the Daily Log Book (In which staff documented their activities throughout their shift), revealed the following entry dated 5/25/10, 4:30 p.m.: "<Resident #4> hit <Resident #3>. She went into her behavior then <Resident #3> went into he's <slc> behavior but <Resident #4> are all right. and she busted <Resident #3> mouth open, yes he's ok." On 6/9/10, at 3:55 p.m., the direct support staff whose initials were on the Dally Log Book entry replied "no" when asked if any resident had been hit by a peer. The same staff was interviewed again the next day at 3:47 p.m., at which time he confirmed Resident #4 had hit Resident #3 in the head. He further described that after he was hit in the head. Resident #3 started biting his own hand, fell to the floor crying and continued acting out. There was no evidence that HRLA was notified of the 5/25/10 incident. The staff had not completed an incident report, in accordance with their policy. It should be noted that the current governing body was appointed by a court to manage this facility. effective 5/14/10. On 6/9/10, at approximately

1:40 p.m., interview with the QMRP revealed that six of their thirteen direct support staff had been employed by the previous provider agency. At approximately 3:15 p.m., she acknowledged that they had not provided in-service training for staff

Health Regulation Administration STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING HFD03-0202 06/10/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 74 'W' ST. NW **WESTVIEW 02** WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY** {| 379} {| 379} Continued From page 10 on their incident management system since 5/14/10. At 4:05 p.m., interview with two direct support staff confirmed that there had been no training on incident management or abuse/neglect. This is a repeat deficiency. Previously, the licensure deficiency report dated 5/3/10, included the following: Review of the GHMRP's incident reports and corresponding investigative reports on 4/30/10, beginning at 6:52 p.m., revealed no evidence that HRLA received timely notification of the following four incidents: 1. An incident report (injury of unknown origin) dated 2/8/10, revealed that Resident #1 complained to staff that his neck was bothering him. The resident was taken to an emergency room for evaluation and treatment. 2. An incident report dated 11/8/09, and corresponding investigation report dated 11/10/09, revealed an allegation of sexual abuse. Resident #1 reported to staff that another staff had put his hands down his pants. 3. An incident report dated 9/26/09, and corresponding investigation report, revealed an allegation of verbal/physical abuse. Resident #2 came into the QMRP's office and stated that a counselor told him to "shut up" and pushed him off the van. An incident report dated 10/2/09, and

PRINTED: 06/18/2010 FORM APPROVED **Health Regulation Administration** STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING HFD03-0202 06/10/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 74 'W' ST, NW **WESTVIEW 02** WASHINGTON, DC 20015 (X5) COMPLETE DATE (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) (I 379) Continued From page 11 {1 379} corresponding investigation report dated 10/13/09, revealed an allegation of verbal abuse. While in court, Resident #2 kept raising his hand to speak. The judge allowed him to speak, and the resident stated "staff was hollering at" him. {1 401} 3520.3 PROFESSION SERVICES: GENERAL {| 401} **PROVISIONS** Professional services shall include both diagnosis and evaluation, including identification of developmental levels and needs, treatment services, and services designed to prevent deterioration or further loss of function by the resident. This Statute is not met as evidenced by: Based on observation, interview, and record review, the group home for persons with mental retardation (GHMRP) failed to ensure professional services included timely diagnostic. evaluation, and treatment services to prevent deterioration or further loss of functioning, for two of the four sampled residents. (Residents #3 and The findings include: i. Based on observation, interview, and record review, the facility failed to ensure timely

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#4, as follows:

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preventive health services, for Residents #3 and

A. The monitoring survey conducted from 4/29/10 to 5/3/10 revealed Resident #3 had a history of bowel obstruction and multiple emergency room (ER) visits due to constipation. During the monitoring survey, on 4/30/10, Resident #3 was taken to an ER after complaining of abdominal pain. Review of the resident's bowel movement

Health Regulation Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 06/10/2010 HFD03-0202 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 74 'W' ST, NW **WESTVIEW 02** WASHINGTON, DC 20015 (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) {| 401} {| 401} Continued From page 12 I. A. The administration at MarJul Homes recognizes (BM) records on 4/30/10 revealed that his most the importance of safe medication practices and medical And recent BM had been documented on 4/24/10, 6 6/25/10 follow up. A policy regarding the safe use of PRN days earlier. His physician's orders included two different medications (constulose or milk of medications has been developed. All nursing staff have magnesia MOM) to be administered PRN for been trained on this policy. In addition, all staff have constipation. The orders, however, did not specify when to administer one or the other received training on the protocol for Bowel Movement medication. There were no other instructions or documentation and monitoring. (see attached sign in protocol available to further clarify. On 5/3/10, at 7:40 p.m., the Supervisory Registered Nurse sheet) (RN) confirmed that Resident #3's record failed to include instructions or a protocol on when he was to receive the PRN medications. This deficient practice was cited in the federal deficiency report We recognize the importance of timely follow dated 5/3/10. up on laboratory results and communications with the The follow-up survey initiated on 6/9/10, revealed physicians. All nurses have been trained on laboratory/ that the facility still had not established a written protocol or obtained orders that clarified when to diagnostic testing protocol. administer Resident #3's PRN medication for constipation, as follows: II. We recognize the importance of dental care and all On 6/9/10, beginning at approximately 8:50 a.m., dental appointments, both preventative and acute, have the licensed practical nurse coordinator (LPNC) been scheduled. We will ensure that the periodontal described how on 5/27/10, a medication nurse had observed Resident # 3 lying on the floor and care is continued regardless of payment method. complaining of stomach pains. The nurse telephoned 911 and the resident was transported to the ER for evaluation. The ER discharge III. All individuals have been scheduled for an summary revealed a primary diagnosis of evaluation with an SLP. The nutritionist performed an stomach pain and a secondary diagnosis of constipation - acute abdominal: fecal impaction. evaluation and provided staff training on the newly At approximately 8:57 a.m., the LPNC stated that prescribed diet orders/food textures. (see attached although there were no written instructions or orders on administering the PRN lactulose or nutrition reports) MOM, she was expected to administer the PRN as a laxative if Resident #3 did not have a BM in 3 days. Further review of the hospital discharge summary

Health Regulation Administration STATEMENT OF OFFICIENCIES (X3) DATE SURVEY (X1) PROVIOER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING HFD03-0202 06/10/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 74 W ST. NW **WESTVIEW 02** WASHINGTON, DC 20015 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {I 401} Continued From page 13 {1 401} revealed the following recommendations: provide Resident #3 a diet high in fiber, including raw fruits and vegetables and bran to prevent constipation; 10 to 12 cups of water daily; Dulcolax 5 every evening for 10 days; and, contact your primary care physician (PCP) as soon as possible to schedule a follow-up appointment in 2-3 days. On 6/9/10, at approximately 11:50 a.m., review of Resident #3's nursing progress note revealed an entry dated 5/27/10, (5:10 p.m.) which documented that the PCP was notified of the outcome of the ER visit and the discharge recommendations. The PCP concurred with the hospital recommendation to begin administering Dulcolax 5 mg tab, 1 tab daily. The 5/28/10 physician's orders continued to include Enulose and Milk of Magnesia as PRN medications. The orders did not, however, specify when to administer either one or the other medication PRN for constipation, nor did the orders address. daily water/fluid intake. On 6/9/10, at approximately 2:45 p.m., review of Resident #3's bowel movement (BM) records revealed that staff documented a BM on 5/27/10 during the evening shift. The next documented BM was during the evening shift on 6/1/10, 5 days later. Review of the MAR revealed that the LPNC administered MOM at 3:00 p.m. on 6/1/10 again on 6/2/10. It should be noted that the corresponding nurse progress note from 6/1/10 indicated that the resident had been 3 days without a BM, whereas his BM chart showed 5 days. After she administered the MOM on 6/1/10 and 6/2/10, the nurse documented a call to the PCP on 6/3/10, at which time the PCP increased the

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{I 401}	On 6/10/10, at 3:00 showed that his sto between 6/4/10 - 6/4 to the PCP's office visit," she discontin and started him on evening. However, as of 6/11 failed to include inswhen he was to reconstipation." B. The facility's me and implement a sy of the findings/reportests. [Cross-refer to Fed Citation W331.2] Freceived lab testing PCP. The results of facsimile on 5/25/11 the residents' medi interviews with the professional and the p.m. and 6/10/10, a revealed that to danot been shared with [Note: Resident #4/4] results and Reside elevated serum points.	g daily to 10 mg every p.m., the resident's lots remained mostly 8/10. When the resion 6/10/10 for a "postued the PRN Lactulo Lactulose 30 ml every compared to the PRN Lactulo Lactulose 30 ml every compared to the protocological team failed to experience and protocological team failed to experience of diagnostic laborates of diagnostic laborates of diagnostic laborates of diagnostic laborates and protocological team failed to experience to the fact of the protocological team failed to the fact of the protocological team failed to the fact of the protocological team followed by the fact of the protocological team of the protocological	BM chart hard dent went st-ER se order ry ecord of on sia 30 ml stablish ly review bratory et - had both red by the facility by review of y rdation at 1:16 vely) ings had e PCP. abnormal ed	{ 401}					
	The monitoring sur	vey conducted from	4/29/10 to						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0202			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED R 06/10/2010			
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{ 401}	Continued From page 15 5/3/10 revealed on 10/1/09, the periodontist diagnosed Resident #3 with severe gingivitis, heavy plaque and calculus, and generalized caries of teeth #4, #12 and #15. During a dental visit on 2/3/10, and again on 4/7/10, the periodontist recommended that the resident's "Generalized caries" needed to "be addressed by general dentist." These findings were previously cited in the federal deficiency report dated 5/3/10. Interview with the licensed practical nurse coordinator (LPNC) on 6/10/10, at 3:35 p.m., revealed Resident #3's caries of teeth #4, #12 and #15 had not been addressed, to date. Continued interview with the LPNC, however, revealed a 6/9/10 previously scheduled appointment with the periodontist had been kept; however, no services were rendered.		{ 401}					
	consultation report Resident #3 was d because the period Medicaid program. At the time of the 6 evidence that the f filled as recomment 10/1/09. III. Based on obse review, the facility nutritionist's recommand a speech-language follows: Citation W460 in the	6/10/10 survey, there Resident #3's caries haded by the periodon revation, interview and failed to address the mendation (4/29/10) e screening for Residue Federal Deficiency	was no mad been tist on to obtain lent #3, as					
	dated 5/3/10, inclute to the <nutritionist< th=""><th>ided the following: "A is 4/29/10> assessment of difficulty swallowing difficulty swallowing in the control of /th><th>ccording ent, the</th><th></th><th></th><th></th><th></th></nutritionist<>	ided the following: "A is 4/29/10> assessment of difficulty swallowing difficulty swallowing in the control of	ccording ent, the					

Health Regulation Administration (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING B. WING 06/10/2010 HFD03-0202 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 74 'W' ST. NW WASHINGTON, DC 20015 **WESTVIEW 02** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {1 401} {I 401} | Continued From page 16 consistency. Individual holds food in mouth, takes a very long time swallowing. Individual will be able to tolerate a mechanical soft diet. Will notify SLP (speech and language) for screening.' At the time of the survey, however, the SLP screening had not been scheduled." On 6/9/10, at approximately 3:15 p.m., interview with the QMRP revealed that she had not contacted the speech-language therapist (SLP) since she began serving as the QMRP on 5/14/10. She indicated that the facility's executive director planned to call the SLP to schedule appointments. She further indicated that the SLP "has to come. We're going to get everyone an assessment...all of them are outdated." On 6/9/10 at approximately 5:10 p.m., a direct support staff was observed in the kitchen, chopping food with a knife. When asked, she stated that she and other staff always chopped Resident #3's foods to help his swallowing. However, review of the resident's physician's orders failed to show evidence that the recently-assigned PCP had been made aware of the previous recommendations for altered food texture and an SLP screening. On 5/19/10, the PCP wrote the following dietary orders: "Regular, Double portions, High Fiber snacks. Prune juice 1 cup twice daily." It should be noted that on 6/2/10, a new nutritionist wrote "<Resident #3> was assessed for a complete nutrition evaluation...The current diet of mechanical soft texture is synonymous to a ground diet ... < Resident #3> should receive a ground texture."]

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